



A Meeting of the Forum will be held via MS Teams
on

Wednesday 4 December 2024 at 16.00hrs

AGENDA

1. Apologies for absence
2. Declarations of Interest – Members should declare any interests they have in any business on the agenda, or any conflicts of interests arising, and decide if they should withdraw from dealing with any item of business
3. Order of Business
4. Confirm Draft Minute of Licensing Forum Meeting held on 4 September 2024 (herewith)
5. Minutes of Licensing Board – For Information Only
 - a) [9 August 2024](#)
 - b) [13 September 2024](#)
 - c) [11 October 2024](#)
6. Updates:
 - a) Chair Update
 - b) Police Update
 - c) Other Updates
7. Alcohol Focus Scotland
 - a) E-Focus August 2024 (herewith)
 - b) E-Focus September 2024 (herewith)
 - c) E-Focus October 2024 (herewith)
8. Licensing Policy Q&A – LSO
9. Formulation of a Workplan, incl. Presentation by NHS
10. Updating Licensing Forum Web Page
11. Membership and Recruitment
12. Timetable of Meetings 2025 for Approval (herewith)
13. Workplan (herewith)

NEXT MEETING – TBC

FORUM OBJECTIVES

- (a) To keep under review the operation of the 2005 Act in West Lothian and in particular, the exercise by the West Lothian Licensing Board of its functions under the Act.**
- (b) To give such advice and to make such recommendations to the Board in relation to those matters as the Forum considers appropriate.**

For further information contact Anastasia Dragona 01506 281601

anastasia.dragona@westlothian.gov.uk

MINUTE of MEETING of WEST LOTHIAN LOCAL LICENSING FORUM held within MS TEAMS VIRTUAL MEETING ROOM, on WEDNESDAY 4 SEPTEMBER 2024

Present and Apologies

| First Name | Surname | Category | |
|-------------------|----------------|-------------------------|-----------|
| Helen | Davis | WL Youth Action Project | Absent |
| Mike | Duncan | WL CHCP | Absent |
| Douglas | Frood | LSO | Apologies |
| Lisa | Moore | Education | Present |
| Laura | Dougall | NHS Public Health | Present |
| Mark | Vance | Social Work/Health | Present |
| Arun | Randev | Trade | Present |
| Alison | Smith | Housing | Apologies |
| Donna | Pearey | Police Scotland | Apologies |
| Anastasia | Dragona | Clerk | Present |

1. DECLARATIONS OF INTEREST

There were no declarations of interest made.

2. ORDER OF BUSINESS

As the Chair had advised that he would be late, Douglas Frood was elected as temporary Chair.

3. LICENSING FORUM MINUTES

The Forum approved the minutes of its meeting held on 5 June 2024.

4. MINUTES OF LICENSING BOARD

The Forum noted the Licensing Board minutes of 10 May 2024 and 12 July 2024.

5. UPDATES

Chair's update – See also agenda item 8 (*Statement of Licensing Policy & Update from LSO*)

Police Update – There was no update available.

NHS Update – The NHS Lothian Public Health Department had been undergoing changes to streamline its processes, which included a

coordinated approach to responding to licensing applications depending on impact. A new Local Outcomes Improvement Plan was being developed in collaboration with and led by the Alcohol and Drug Partnership. An early intervention and prevention group workforce had been launched to assess needs of staff and volunteers working with families and a relevant survey was under way.

Education – A marketplace event would take place in September at Winchburgh, which both the NHS and Alcohol and Drug Partnership representatives would attend.

Alcohol and Drug Partnership – The latest annual figures for 2023/24 were available; there had been 420 alcohol referrals and 407 drug referrals during that period, with the majority coming from the west of West Lothian. Feedback had also been provided to the Depute Clerk of the Licensing Board on the gambling policy, which included comments regarding the connection between gambling and alcohol.

Trade – Arrangements for the joint Licensing Board and Licensing Forum meeting were currently being progressed.

Decision

1. All to note the updates from the LSO, NHS, Education, Alcohol and Drug Partnership and Trade.
2. *Statement of Licensing Policy & Update from LSO* to be re-worded on future agendas as *Licensing Policy Q&A*, to be used as and when required.
3. Information on the early intervention and prevention workforce survey run by the NHS Lothian to be circulated.
4. Further information on the Winchburgh marketplace conference to be sent to the NHS and Alcohol and Drug Partnership representatives.
5. NHS and Alcohol and Drug Partnership representatives to be added into health and wellbeing partners distribution list.
6. Feedback sent to the Depute Clerk of the Licensing Board on the gambling policy to be shared with the forum members.
7. ADP referrals for previous years (2021/22 and 2022/23) to be shared with the forum.
8. Statistics on deaths and hospitalisations across Lothian to be shared with the forum when published.
9. Relevant sections of the 10-year LOIP as well as the alcohol needs assessment to be shared with the forum.
10. The new public health consultant to be invited to make a presentation

at the joint Licensing Board and Forum meeting.

6. ALCOHOL FOCUS SCOTLAND

The Forum noted the E-Focus Newsletters dated May 2024, June 2024 and July 2024.

Decision

To note the newsletters.

7. STATEMENT OF LICENSING POLICY

It was agreed that the *Statement of Licensing Policy & Update from LSO* agenda item would be re-worded on future agendas as *Licensing Policy Q&A*, to be used as and when required.

Decision

Statement of Licensing Policy & Update from LSO agenda item to be re-worded on future agendas as *Licensing Policy Q&A*, to be used as and when required.

8. FORMULATION OF A WORKPLAN

A draft workplan had been circulated and members agreed that contributions to the workplan would be a group effort. A development session dedicated to the formulation of the workplan was suggested, and further suggestions for relevant guests to forum meetings were reiterated. Discussion on work on overprovision followed, including reference to agencies already working on overprovision and avoidance of work duplication.

Decision

1. To note suggestion for a presentation by the Edinburgh Licensing Forum on overprovision arrangements.
2. A theoretical-based presentation on overprovision to be given by the new Public Health consultant at the joint meeting.
3. The LSO to continue work on inviting attendance of another forum's LSO at a future meeting.
4. Other relevant guests to be approached as required for presentations to the forum with the aim of aiding the formulation of a workplan.

9. FLASH REPORT FEEDBACK

Decision

1. The LSO to collate a list of all Licensing Boards and distribute hyperlinks to the forum members.
2. Forum members to consider other Licensing Board policies via the above links.

10. JOINT WEST LOTHIAN LICENSING BOARD AND LICENSING FORUM MEETING 2024

Decision

1. The joint meeting to be held on 3 October at 11am via MS Teams
2. The agenda to include formulation of a workplan as well as a presentation by the new NHS Lothian Public Health Consultant.
3. Any further suggestions for agenda items to be forwarded to the Clerk.

11. EURO 2028 COMMERCIAL RIGHTS PROTECTION CONSULTATION

Decision

1. The link to the consultation and any results available to be circulated to members.
2. Health and Social Care alcohol consultation results to be forwarded to members.

12. MEMBERSHIP AND RECRUITMENT

It was noted that advertisements for the forum had been run on the council's social media.

Decision

1. Thoughts on membership to be forwarded to Clerk.
2. Forum members to encourage anyone interested in joining the forum.

13. WORKPLAN

Decision

To note the workplan and to continue to work on the new format as per the above decisions.

Dragona, Anastasia

From: Alcohol Focus Scotland <enquiries@alcohol-focus-scotland.org.uk>
Sent: 28 August 2024 12:30
To: Dragona, Anastasia
Subject: Alcohol Focus Scotland latest - August 2024

Newsletter from Alcohol Focus Scotland

[View this email in your browser](#)



August 2024



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Campaigners call on First Minister to fulfil commitment to protect Scotland's children & young people from alcohol marketing

Alcohol Focus Scotland, BMA Scotland, Children in Scotland, Scottish Families Affected by Alcohol and Drugs (SFAD), and Scottish Health Action on Alcohol Problems (SHAAP) are calling on the First Minister to reaffirm his government's commitment to consult on alcohol marketing restrictions in the upcoming Programme for Government.

The group **wrote to the First Minister**, John Swinney MSP, this week as part of their Alcohol-Free Childhood Campaign, a joint initiative to protect children from exposure to, and the impacts of, alcohol marketing. The First Minister has himself pledged his support for the Alcohol-Free Childhood campaign, along with over 80 MSPs from all parties and more than 40 organisations across Scotland.

The campaigners believe that a commitment in the upcoming Programme for Government to a second consultation on alcohol marketing would ensure that legislation to protect children and young people can be delivered during this Parliament. This would be in line with the Scottish Government's previous commitments.

The 2022-23 Programme for Government committed to introducing restrictions on alcohol marketing within the current term of Parliament. Following an initial consultation on alcohol advertising and promotion in 2023, the Scottish Government then committed to further engagement and public consultation on a narrower range of proposals in 2024.

 [Read the Full Story](#)



Alcohol Free Childhood Campaign

Alcohol marketing has no place in childhood.

All children should play, learn and socialise in places that are healthy and safe, protected from exposure to alcohol marketing.

#AlcoholFreeKids

ALCOHOL FOCUS SCOTLAND

BMA Scotland

Scottish Families Affected by Alcohol & Drugs

Children in Scotland

SHAAP SCOTTISH HEALTH ACTION ON ALCOHOL PROBLEMS www.shaap.org.uk

 **UPDATE**

New 65p MUP comes into effect on 30 September

On 30th September, the new 65p Minimum Unit Price (MUP) for alcohol will come into effect. The continuation and uprating of MUP is a moment for celebration for public health in Scotland, achieved following the sustained

campaigning efforts of Alcohol Focus Scotland and our key partners – including Scottish Health Action on Alcohol Problems (SHAAP).

The policy received overwhelming backing from more than 80 civic society organisations, experts and medics in a [joint letter](#) we sent to the Scottish Parliament’s Health, Social Care and Sport Committee earlier this year.

We now need to see the Scottish Government progress with plans to automatically uprate MUP in line with inflation, ensuring that the proven health benefits of this policy become embedded and are not put at risk in future.

Resources for retailers

The Scottish Government has published new materials for retailers to tell customers about Minimum Unit Pricing. Several posters have been produced in collaboration with trade bodies and industry representatives explaining what MUP is and that it is estimated to have saved hundreds of lives since it was finally implemented following a string of legal challenges by Big Alcohol, led by the Scotch Whisky Association, in 2018.

[View or download the materials](#)



UPDATE

Adults in Europe heaviest drinkers in world

There has been little or no progress in reducing alcohol consumption and harms in Europe, according to WHO. Based on the latest available data from 2019 in the recently published [“Global status report on alcohol and health](#)

and treatment of substance use disorders”, the WHO European Region, covering 53 Member States across Europe and Central Asia, has the unfortunate distinction of consuming the highest amount of alcohol per capita in the world.

According to the latest globally comparable data, men in the Region consumed almost 4 times more alcohol (14.9 litres) than women (4.0 litres) per year. There were over 470 million current drinkers (people who consumed alcohol in the past 12 months) in the Region in 2019, with an average of 2 out of every 3 adults consuming alcohol. One in every 10 adults (11%) in the Region are estimated to have an alcohol use disorder, and almost one in every 20 live with alcohol dependence (5.9%).

Despite these alarming statistics, only 12 out of 53 countries in the Region have made significant progress towards a 10% reduction in alcohol consumption since 2010 in line with the agreed targets of the NCD global monitoring framework and the European framework for action on alcohol 2022–2025.

The WHO says that despite the clear evidence of the harms caused by alcohol, many European countries have yet to make significant progress in implementing the WHO-recommended policies, including the most cost-effective interventions that are known as the WHO "Best Buys." These are: 1) increasing excise taxes on alcoholic beverages; 2) implementing comprehensive restrictions on alcohol marketing; and 3) reducing the availability of alcohol.

 [Read the full story](#)

 **UPDATE**

UK drink-drive deaths rise to 300 a year in ‘dangerous upward trend’

Drink drive deaths in the UK have increased to a 13 year high of 300

annually, according to **new data** published by the Department for Transport. The figure is 16% higher than in 2021, accounting for about 18% of all road deaths.

The increase in drink drive deaths has bucked a recent trend of increased road safety and responsible driving and has been described as ‘abhorrent’ and ‘concerning’ by road safety organisations. Men were most likely to be the drivers in drink driving collisions.

The Road Safety Charity IAM RoadSmart has called for an increase in roadside breathalyser testing and additional resources for police to carry them out, along with other interventions, including reducing the drink drive limit in England and Wales to match the limit in Scotland of 50mg per 100ml of blood. The limit in England and Wales is currently 80mg per 100ml of blood.

Calls for increased enforcement echo recommendations into **findings** that Scotland is yet to benefit fully from the reduced legal limit of alcohol. Commenting on these, Professor Marco Francesconi from the University of Essex added: “Our results suggest that the effectiveness of the Scottish reform – and other similar future interventions – has to be accompanied by other public policies, such as sustained hot-spot policing or an entire reappraisal of the local public transport system.”

Alcohol Focus Scotland recently signed a **Consensus Statement** led by the BMA and other organisations urging the UK Government to reduce the drink drive limit in England and Wales.



Alcohol Focus Scotland expands social media presence

In line with our business plan objectives, including to inform the public about

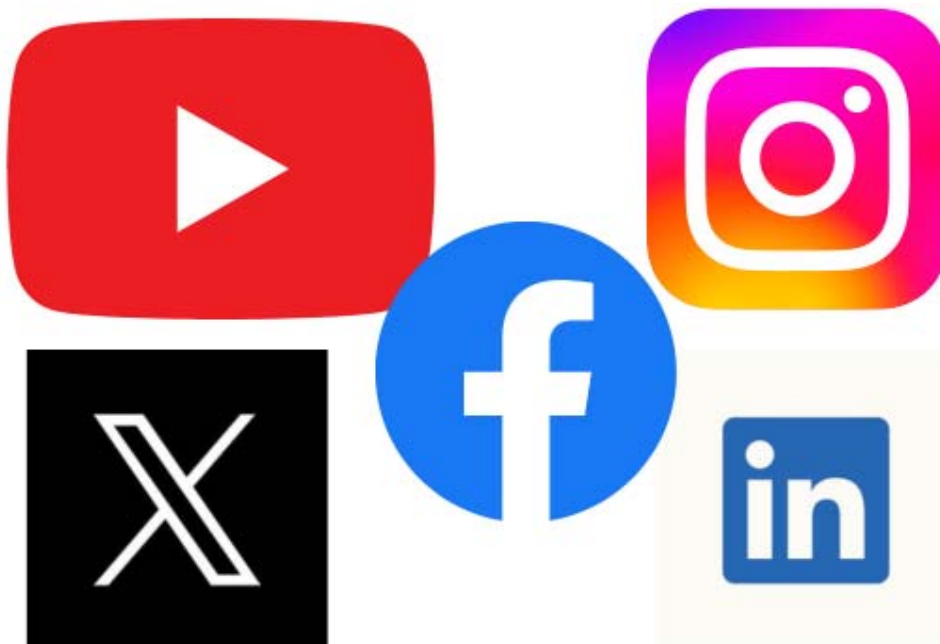
the health risks from alcohol, Alcohol Focus Scotland has expanded its digital footprint with the re-invigoration of our Facebook page and the addition of an Instagram page to our portfolio of comms channels.

This development comes as part of an ongoing review on how we communicate with and reach different stakeholders, including members of the general public. Through our expanded presence on social media, we'll be looking to raise greater awareness of alcohol harms and safer drinking guidance, build public support for action to tackle alcohol harm and share both our organisational story, and the stories of those with lived experience of alcohol harm.

We'll also be looking to use our social media channels to directly engage with stakeholders via messaging, groups and other social media tools on our work and our shared objectives of improving Scotland's health and wellbeing.

 **Like and/or Follow Alcohol Focus Scotland on Facebook**

 **Follow Alcohol Focus Scotland on Instagram**





New IAS Report: Managing interactions with alcohol industry stakeholders

Alcohol Focus Scotland welcomes the publication of new guidance published by the Institute for Alcohol Studies on managing interactions with alcohol industry stakeholders.

The document, titled '**Good Governance in Public Health Policy: managing interactions with alcohol industry stakeholders**' provides guidance for identifying, managing and protecting against conflicts of interest associated with alcohol industry involvement in public health policy. The principles outlined here have been developed through collaboration with alcohol policy and public health experts across the UK and informed by international best practice in approaches to managing interactions with unhealthy commodity industries. They are intended to enhance governance by providing a guide to inform the consideration and management of any interactions with industry actors.

While this guidance is primarily intended to inform interactions within public health policy, the principles and practices outlined could usefully inform engagement with industry in linked policy areas and enable the development of a whole-of-government approach to interacting with alcohol industry stakeholders.

 [Find out more](#)



IPPR Paper: Healthy Industry, Prosperous economy

A new report by the Institute for Public Policy Research (IPPR) is calling for an economic strategy that works in lockstep with public health, and harnesses the health-creating potential for businesses.

The report notes that it is possible for public health and the economy to either support or undermine each other. It highlights how increasing levels of ill health and preventable deaths in the United Kingdom, driven by non-communicable diseases and high consumption of health harming products including alcohol, is damaging our economy by increasing sickness absence, forcing people out of work and reducing productivity.

Indeed, **research by the Social Market Foundation** estimates that alcohol acts as a drag on the Scottish economy, costing £1.2billion per year in lost productivity via ill health and presenteeism.

The IPPR report recommends a shift away from a focus solely on what governments can do for health through public service delivery, to mining the huge health-creating potential of businesses. Given that better health would be in UK businesses' self-interest, the IPPR says it is time for the state and industry to work together on delivering better health, and in turn, a stronger economy.

The report says that in order to harness the role of industry in supporting health, we need a plan for both the kind of products and practices we should move away from, as well as what products, practices and industries we need to strengthen as part of a new plan for health, growth and prosperity.

With both the Scottish and UK Governments renewed focus on economic growth, including via the Scottish Government's **'New Deal for Business Group'**, this report adds further weight to the case for action to tackle the increasing health and economic burden caused by alcohol. Policy makers should be dissuaded from spurious alcohol industry arguments that implementing policies which reduce alcohol consumption harms the economy. The evidence is increasingly overwhelming that the opposite is the case.

 [Read more](#)

POLICY

New polling shows strong support for bolder approach to public health policy making

Polling carried out by the Health Foundation prior to the UK General Election has found that there is broad support among the UK public for a bolder approach to public health policy making.

England's high burden of preventable ill health is still being driven by three leading risk factors: tobacco, alcohol and unhealthy food. Over the past decade, the government has **focused on supporting individuals** to change their behaviour, rather than taking population-level action to minimise people's exposure to these risk factors in the first place, such as through marketing regulation, fiscal policy and licensing.

But both approaches – population-level action and individual support – are needed if this burden of preventable ill health is to be successfully reduced.

Key findings:

- Overall, 59% of the public support (and 20% oppose) introducing a tax on organisations that produce foods high in sugar or salt, with some of the revenue being used to fund fresh fruit and vegetables for low-income families.
- The same policy approach for introducing a tax on organisations that produce ultra-processed food has support from 53% of the public.
- Overall public support for introducing minimum unit alcohol pricing is 45%, with 32% opposing the policy. Public support for using licensing to reduce the number of retailers selling tobacco is 62%, with 18% opposing this approach.

- Support for each of these policies was greater among people who intended to vote Labour than those who planned to vote Conservative, except for tobacco licensing where support was more evenly split.

The Health Foundation says that with legislation on **unhealthy food and tobacco included in the King's Speech**, the new UK government has already shown its intent to take action on public health – although **alcohol policy remains neglected**. Bold policies will be essential if Labour is to meet its ambitions to improve healthy life expectancy and reduce inequalities.

The Scottish Government should also harness broad public support for bold action on public health policy to go further on policies that will prevent alcohol harm, including introducing tough new marketing restrictions, an alcohol harm prevention levy, reducing the availability of alcohol and introducing mandatory health warning labelling.

 [Read more](#)



Is advertising the next big public health issue?

*In this guest blog, part of the **Bad Publicity series**, Greg Fell, president of the Association of Directors of Public Health, examines the role advertising plays in public health outcomes, and, by making comparisons to the fight against tobacco advertising, what we can do to reduce the presence of harmful advertising in our lives.*

Alcohol Focus Scotland is republishing with permission from Adfree Cities. We've previously highlighted innovative local action taken across the UK to restrict or ban advertising of unhealthy products and encourage local authorities in Scotland to consider restricting or banning alcohol advertising

from their estates.

Advertising influences our choices. After all, why would businesses spend so much of their budget on it if it didn't? It follows then that **advertising products that cause harm will drive rates of illness and disease** that, without those products, may be prevented.

In fact, **initial estimates** suggest that health-harming products like alcohol, unhealthy food, gambling products and fossil fuels contribute to between one and two thirds of all deaths from conditions including many cancers, respiratory, heart and liver disease, mental health disorders, and suicide. Moreover, these diseases disproportionately affect people living in the most deprived areas, and often for many years before eventually claiming their lives.

As a **Director of Public Health (DPH)**, I have a responsibility to protect the health and wellbeing of my local community so advertising, along with all the other factors that contribute to illness and disease, is something I – and my peers across the country – need to understand, and address.

 [_Read the full blog](#)



CONSULTATIONS

AFS submits responses to Scottish Parliament Committees on the next Scottish Budget, making the case for an alcohol harm prevention levy

AFS has submitted responses to Scottish Parliament Committees on the next Scottish Budget, making the case for an alcohol harm prevention levy.

Our responses to the Finance and Public Administration Committee and the Health, Social Care and Sport Committee highlight the cost of alcohol harm to the Scottish economy and the need for the Scottish Government to focus on preventable deaths, such as those from alcohol. We note that recent estimates have put the cost of alcohol harm at £5-10bn per year in Scotland and call for the 'polluter pays' principle to be applied to the sale of alcohol through an alcohol harm

prevention levy on alcohol retailers. This could raise £57m per year for local prevention, treatment, and care services.

Engagement with people in recovery, recovery organisations and service providers played a key role in informing the response and their views were presented in detail. There was unanimous agreement that a levy is needed to better fund services for people in recovery – particularly for residential rehabilitation; mental health support; peer support and recovery communities; support for families; and educating the workforce to tackle stigma.

[Read our response to the Finance and Public Administration Committee.](#)
[Read our response to the Health, Social Care and Sport Committee.](#)

 **Visit our website** for more information on the levy.

RESEARCH

An investigation into patterns of alcohol drinking in Scotland after the introduction of MUP

A new paper published in the Journal PLOS ONE has sought to investigate patterns of alcohol use in Scotland after the introduction of Minimum Unit Pricing (MUP).

It found that alcohol consumption in Scotland had already begun to decline before 2012 and then dropped further with the introduction of MUP. Following MUP, there was an increase in the likelihood of people abstaining from alcohol entirely, and a slight decrease in the prevalence of heavy drinking.

The overall amount of drinking fell by about 8% after 2012 and 12% after 2018 (as compared to 2008–2011 level), with a significant decline seen in moderate drinkers but not of those who drank at hazardous or harmful levels.

Researchers said that the study points to the impact of MUP in Scotland and also a

potential role for 'policy signalling'.

 [Read the study](#)

 [Read a new IAS blog with the Lead Researcher](#)

RESEARCH

Exposure to images of alcoholic beverages in social contexts found to be most triggering

A study published in the journal 'Addictive Behaviors' has shown that images depicting social drinking are more likely to trigger alcohol cravings than images depicting only alcoholic drinks themselves.

This study recruited participants from the general population who drank alcohol at least once per month. Results indicate that just seeing social situations with multiple people, even when they are drinking non-alcoholic beverages, is enough to trigger alcohol-related thoughts or cravings. It found that showing social drinking scenes, compared to just showing non-alcoholic and alcoholic drinks, led to more positive attitudes about alcohol, stronger alcohol cravings and higher reported levels of alcohol consumption.

This relates to previous research which suggests that, in those with a history of alcohol use, specific "cues" or "triggers" can become mentally linked with alcohol consumption. This eventually leads to the presence of these signals alone (i.e., social situations) being enough to activate cravings and motivation to consume alcohol, even when alcohol isn't present. As highlighted in the AFS report, ["Realising our Rights: How to protect people from alcohol marketing"](#), this provides further support for restricting marketing to protect the general public.

We know that alcohol marketing leads to alcohol consumption, encouraging positive attitudes towards alcohol, changing individual behaviours and creating and sustaining social norms that alcohol consumption is normal and desirable.

 [Read the study](#)

RESEARCH

Outdoor alcohol advertising by area of deprivation

Local authorities could help to reduce health and social inequalities that drive deprivation by restricting advertising of unhealthy commodities, including alcohol, according to a new report published by the Institute of Alcohol Studies.

The report notes that alcohol marketing is causally linked to young people drinking from an earlier age and consuming more than they otherwise would, and that individuals living in deprived areas experience greater health inequalities in comparison to those living in the least deprived areas.

There is limited research on outdoor advertising of alcohol in the UK, but researchers have noted that there is a high prevalence of outdoor advertising of unhealthy commodities in deprived areas.

The report goes on to discuss evidence that alcohol outlet availability and associated advertising in areas of high deprivation can contribute to higher crime rates, meaning that restrictions on alcohol marketing and reducing availability of alcohol through licencing powers could help to reduce crime and anti-social behaviour in these areas.

AFS recommends that local authorities in Scotland follow the example of other councils across the UK and continue to explore and enact local advertising bans on their advertising estates as a means of reducing health and social harms and inequalities.

 [Read the report](#)



Why, Where, and with Whom? Understanding the set and setting influencing the consumption of NoLo beverages

Production and use of no- and low-alcohol (NoLo) beverages has increased globally in recent years. Using data from a large international sample of people who drink alcohol, this study aimed to investigate patterns of NoLo drink consumption.

The study utilised data from the 2022 Global Drug Survey (GDS). Of the 15,686 participants reporting NoLo use, most (59%) reported drinking NoLo products less than monthly. NoLo drinks were most commonly used in relaxed environments (92%) compared with either party settings (49%) or team environments (27%).

There was a strong relationship between heavy drinking and use of NoLo drinks, suggesting a growing acceptance of NoLo drinks as a substitute for alcoholic drinks. The study authors suggest this could be a response to wanting to avoid the embarrassment of drunkenness in particular social settings.

 [Read the study](#)



Do alcohol free drinks help heavy drinkers cut their drinking?

Alcohol Change UK have published the results of an online survey conducted in 2022 into the importance of 'alcohol-free' drinks to those people who are cutting back on their drinking. The survey was designed to recruit exclusively hazardous and harmful drinkers who had attempted – or were currently attempting – to cut back on their drinking.

Among the key positive findings of the survey were:

- 'Alcohol-free' (AF) drinks were found to be important for most harmful and hazardous drinkers who were trying to reduce their consumption in this sample.
- 83% of people in this sample who were cutting back found AF drinks to be important to that.
- 53% found AF drinks “essential” or “very important” to their attempt to cut back.
- The use of ‘alcohol-free’ drinks was associated with success in moving from higher to lower drinking categories for the majority of the sample.

Among the problems identified by the survey were a lack of clarity in labelling and marketing of ‘zero/no alcohol’ drinks, with some drinks described as such not meeting consumer expectations (some drinks marketed as ‘zero alcohol’ or ‘alcohol free’ are not in fact 0.0% ABV). The study recommended that labels/descriptors should be very clear on whether they contain any amount of alcohol in order to build public confidence.

Some people in the survey reported that alcohol free drinks triggered cravings to drink alcoholic drinks and that they were too expensive.

Alcohol Focus Scotland welcomes this survey providing further colour to the debate on the role of No/Lo drinks in reducing alcohol harm. We agree with the findings of Alcohol Change UK that possible negative impacts of No/Lo products need to be further explored, particularly with regard to so called ‘alibi marketing’. We also agree any policy action to encourage consumption of alcohol-free drinks must be part of a cross-Government strategy to reduce alcohol harm through measures we already know to be effective, including action on price, marketing and availability – as well as adequate investment in treatment services.

 [Read the survey](#)



Upcoming AFS Training

Enhanced Alcohol Awareness Training

9.30am-4.30pm, 26th September

This interactive 1-day workshop will enhance any existing basic knowledge on alcohol and its harm as well as update skills. We will consider examples of good communication with others and where to signpost people affected by alcohol for help and support.

The course covers a range of topics exploring the impact of alcohol on individuals, families and society, and the support that is available.

What to expect

- An enhanced awareness and understanding of the problems caused by alcohol in Scotland
- Greater awareness of interventions and support services available

By the end of the workshop you will:

- Have increased knowledge of the effects of alcohol on individuals, children, young people and vulnerable adults.
- Understand what promotes change including understanding alcohol policies and strategies in Scotland
- Have increased confidence and skills to work with and support people experiencing problems with alcohol

Managing Alcohol & Drugs in the Workplace

9.30am-12.30pm, 19th September

This interactive, 3-hour workshop will ensure that managers have the essential skills, knowledge, and confidence to recognise and address alcohol and other drug related issues in the workplace.

As we navigate the evolving landscape of the post-pandemic world, our workshop offers a timely exploration of the increased alcohol consumption trends observed

since the COVID-19 outbreak. We understand the challenges this poses for managers, making it crucial you have the tools to recognise, address, and manage substance-related concerns.

At Alcohol Focus Scotland, we strongly recommend developing a robust, supportive alcohol and other drugs policy alongside guidance for staff and managers.

Licensing Standards Officer Training

9am-5pm, 27th-29th November

A specialised training course developed to hone the regulatory skills of Licensing Standards Officers employed by their local Council and others in similar roles, with the opportunity to share practical insights.

What to expect:

- **Specialised Curriculum:** a curriculum crafted to address the unique challenges faced by Licensing Standards Officers. Gain a thorough understanding of regulations, compliance, and best practices.
- **Interactive Learning:** an interactive training environment that ensures learning is informative, engaging, and memorable.
- **Real-world Applications:** practical insights and real-world applications that you can implement immediately, making you a more effective and impactful Licensing Standards Officer.
- Exam, 50 questions, after training session on the 3rd day. Pass mark = 75%

For more details or to book your place, please contact: Training@alcohol-focus-scotland.org.uk



Upcoming Events

ADP Knowledge Exchange

10th September, 11am-3pm

The next Knowledge Exchange event for Alcohol and Drug Partnerships (ADPs), who are local collectives of statutory services (NHS, police, social work, local authority, housing, fire and rescue, etc.) and third sector providers who have responsibility for commissioning and reporting on the effectiveness of drug and alcohol provision in their areas, will take place in September.

The aim of our Knowledge Exchange events is to provide ADPs with information from key sources on alcohol policy. Sessions are interactive, with opportunities for attendees to share learning and engage in discussion around what is going on around the country and how national priorities are being responded to.

The event in September will focus on three areas:

- **Alcohol Harm Prevention Groups** (groups which bring together local stakeholders to coordinate alcohol harm prevention activities, such as community education, policy advocacy, support services, data analysis, community engagement, and partnership development).
- **Alcohol Death Reviews.**
- **Alcohol Licensing.**

For further information about our Knowledge Exchange events, please contact **Catherine White (Senior Coordinator (Policy))**.

The UK Soft Drinks Industry Levy: reflections from academia & policy
12pm-1pm, 30th September

The Soft Drinks Industry Levy (SDIL) in the UK is undoubtedly one of the most significant pieces of public health legislation passed in recent times.

During this webinar, we will hear from Professor Martin White from the University of Cambridge, one of the leading academics in the development of the evidence base to support the development, implementation, and evaluation of the SDIL; and

from Victoria Targett, from OHID, who was at the forefront of Public Health England's policy work at the time of the development of the SDIL.

 [Find out more and book your place](#)

*Those attending this event may also be interested to read a recently published **position statement** from Public Health Scotland on improving Scotland's diet and weight.*

SHAAP Hospital alcohol services workshop

1pm-4.30pm, Monday 30th September

Scottish Health Action on Alcohol Problems (SHAAP), the Royal College of Nursing (RCN) Scotland, and the Addictions Faculty of the Royal College of Psychiatrists (RCPsych) Scotland invite you to join us on **Monday 30th September** at the Royal College of Physicians of Edinburgh (**RCPE**) for a workshop on hospital alcohol services. Although the exact timings of the day are still to be confirmed, we anticipate that the event will run between **1.00 and 4.30pm**.

The event will open with a welcome from **Colin Poolman**, Director RCN Scotland and **Professor Susanna Galea-Singer**, Chair of the Addictions Faculty at RCPsych Scotland, and will be chaired by **Elinor Jayne**, SHAAP Director.

Confirmed Speakers:

- **Professor Thomas Phillips**, Professor of Nursing in Addictions at University of Hull and Joint Chief Investigator on the Programme of Research for Alcohol Care Teams: Impact, Value and Effectiveness (ProACTIVE) project
- **Dr Peter Rice** Chair, Scottish Health Action on Alcohol Problems and former Consultant Psychiatrist, NHS Tayside

 [Find out more and book your place](#)

Children's Rights and the incorporation of the UNCRC

10am-12pm, Thursday 19th September (Online)

Learn about children's rights and how the UNCRC (Incorporation) (Scotland) Act 2024 supports best practice in the workplace.

This training is for anyone working in the children's sector and those wanting to support the rights of children and young people.

 [Find out more](#)

FASD Hub Birthday Conference

9.30am-4.15pm, Wednesday 6th November

The FASD Hub are holding their 5th Birthday celebration conference in 2024 with acclaimed Consultant Psychiatrist **Professor Raja Mukherjee** and University Fellow **Dr David Junior Gilbert** as keynote speakers. Both have contributed enormously to the FASD community over the years through their dedicated research and work with individuals with FASD and their families.

The day will be chaired by **Professor Moira Plant** and be a combination of main platform speakers and workshops (both practical and theoretical). There will be opportunities to network and learn from each other, and stands from organisations who support parents/carers, children and teachers/educators. Confirmed workshops hosts include the **Fetal Alcohol Advisory, Support and Training (FAAST) Team** from The University of Edinburgh, and **Sleep Action**.

 [Book your place](#)



Addiction Mission Priority Setting Partnership survey

The Addiction Mission Priority Setting Partnership are seeking the views of those with personal or professional experience of addiction on which questions around addiction you'd like to see prioritised in research.

Questions could be about what might cause addiction, support services, treatment, rehabilitation, mental or physical health, or anything else that is important to you. We want to hear your questions, no matter how big or small.

Participants are asked to answer based on your own personal or professional experience of addiction.

 **Take part in the survey**



New IAS Alcohol and Cancer Video

The Institute for Alcohol Studies has published a new explainer video on the strong link between alcohol consumption and cancer.

In 1988, alcohol was added to the list of Group 1 carcinogens by the International Agency for Research on Cancer, alongside tobacco, asbestos, radiation, and viral infections such as HIV and HPV. This classification, put simply, means that alcohol causes cancer. Yet public awareness of this remains remarkably low.

Drinking alcohol is known to cause at least seven types of cancer: mouth, upper throat, voice box, food pipe, breast, liver, and bowel cancer, and there is increasing evidence that it may be linked to pancreatic cancer.

Each year in the UK, alcohol causes as many cancer deaths as deaths from alcohol-related liver disease, but how does alcohol cause cancer, how many cases and deaths does it cause, what are the levels of risk, and what can be done to reduce this harm?

Their expert speaker is Professor Linda Bauld, who worked for seven years as Cancer Research UK's cancer prevention adviser.

View the video below.



**ALCOHOL
FOCUS
SCOTLAND**

✉ 166 Buchanan Street, Glasgow G1 2LW

☎ 0141 572 6700

✉ enquiries@alcohol-focus-scotland.org.uk

🌐 www.alcohol-focus-scotland.org.uk

🐦 @alcoholfocus

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Dragona, Anastasia

From: Alcohol Focus Scotland <enquiries@alcohol-focus-scotland.org.uk>
Sent: 30 September 2024 13:30
To: Dragona, Anastasia
Subject: Alcohol Focus Scotland latest - September 2024



September 2024

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Minimum Unit Pricing rise comes into effect

The new 65p minimum unit price for alcohol comes into effect in Scotland today (September 30th). The uprating of MUP follows a successful campaign by Alcohol Focus Scotland and our partners, which resulted in overwhelming cross-party support in the Scottish Parliament and received the backing of more than 80 health and children's charities, medical royal colleges and churches.

Independent evaluation by Public Health Scotland has estimated that minimum unit pricing has saved 156 lives and reduced hospital admissions by 411 every year

since it was implemented in 2018. However, with inflation having eroded the effectiveness of the 50p MUP, it was necessary that it rose to 65p to maintain the clear public health benefits of the policy.

Alcohol Focus Scotland, and other campaigners, are now calling for the introduction of an automatic uprating mechanism for MUP to maintain its effectiveness longer term. They also calling for an alcohol harm prevention levy on alcohol retailers to ensure that any increased spend on alcohol is used for public prevention, treatment and recovery support rather than being retained as profit by shops and supermarkets.

They have also warned against treating MUP as a 'silver bullet' in tackling the ongoing alcohol emergency in Scotland, calling for a 'radical step change' in the government's response.

Commenting on the increase, Alison Douglas, CEO of Alcohol Focus Scotland said:

"The uprating of the minimum unit price for alcohol to 65p is a welcome and necessary step to ensure that this life saving policy remains effective. The Scottish Government and Parliament are to be commended for implementing this policy in the first place, and for deciding to renew the policy and increase the minimum price.

"They now need to ensure the price is automatically uprated by inflation going forward, otherwise the positive effects will once again be eroded over time. Alcohol Focus Scotland is also calling for an alcohol harm prevention levy on alcohol retailers, which the Fraser of Allander Institute estimated could raise as much as £57million a year to invest in alcohol treatment services."

 [Read our full comment](#)



UPDATE

Ongoing alcohol deaths crisis highlights need for a “radical step change” in Government’s response

1,277 people died in 2023 from causes solely attributable to alcohol, according to figures published on Tuesday 10th September, by National Records for Scotland. This is a slight increase on the figures from 2022 (1,276).

Alcohol Focus Scotland says whilst there has been no dramatic increase on the previous year, it cannot be read as a sign of success or a long-term trend and the figures remain ‘alarmingly and unacceptably’ high. AFS says the figures highlight the need for a ‘radical step change’ in responding to what the Scottish Government has itself declared as a public health emergency.

Alcohol specific deaths have changed little (up by one or 0.08%) on the previous year. However, the new figures mean that almost four people died every single day in 2023 because of alcohol in Scotland.

Alarming, these numbers represent only the tip of the iceberg. Today's figures do not include other deaths due to alcohol-related accidents, suicides, or illnesses such as cancer, cardiovascular disease. When we include these, it is likely that more than two times as many of our fellow Scots, friends and family members have lost their lives to alcohol.

Commenting on the figures, Laura Mahon, Deputy Chief Executive of Alcohol Focus Scotland said:

"Alcohol deaths continue to be alarmingly and unacceptably high. They have been driven by heavy drinking patterns established during the pandemic which unfortunately show no real sign of improving. We need a radical step change if we are to turn this terrible tide of alcohol harm, which claims the lives of friends and family and impacts every one of us.

"Well over a year ago, Alcohol Focus Scotland, along with 30 other organisations, called for an emergency response that is proportionate to the scale of the problem. Despite the Scottish Government recognising alcohol as a public health emergency, there simply has not been one.

"We need a radical step change in how we are responding to this crisis. As a matter of urgency the Scottish Government must provide leadership by setting a clear national vision and developing a coherent plan for delivery with health boards, local authorities and the third sector. Tacking alcohol onto the National Mission on Drugs is not good enough, there are distinct issues that need to be addressed not least because alcohol is a legal and highly normalised drug."

 [Read the full news article](#)

 [Read the National Records for Scotland statistics](#)

 **UPDATE**

AFS Response to Ministerial Statement on Alcohol and Other Drugs

In his Ministerial Statement today on alcohol and other drugs, the Cabinet Secretary for Health and Social Care Neil Gray has announced that plans for a second consultation on alcohol marketing restrictions are to be further delayed pending an evidence review by Public Health Scotland.

Alcohol Focus Scotland is deeply disappointed by this announcement which confirms that it will now be impossible for the Scottish Government to fulfil its commitment to legislate to protect children and young people from pervasive alcohol marketing during the course of this parliament.

That is despite the First Minister, a cross party majority of MSPs and more than 40 civic society organisations signing up to our Alcohol Free Childhood campaign – which commits to all children being able to play, learn and socialise in places that are healthy and safe, protected from exposure to alcohol marketing.

Commenting on the Ministerial Statement, Laura Mahon, Deputy CEO of Alcohol Focus Scotland said:

“This week saw the publication of figures showing a 15 year high in alcohol specific deaths. 1,277 of our fellow Scots died last year due to alcohol alone, more than died due to all other drugs combined.

“Yet staggeringly, this figure is only the tip of the iceberg, with more than twice as many likely to have died from other alcohol related causes including cancers, cardiovascular disease, accidents, violence and suicide.

“Despite the Scottish Government itself declaring alcohol a public health emergency more than two years ago, and the scale of that emergency only increasing, we simply have not seen an emergency response.

“Simply tacking alcohol onto the National Mission for Drugs is completely

insufficient for the scale of the problem. Whilst some aspects of treatment being delivered by the National Mission will be helpful, alcohol presents a uniquely different challenge to other illegal drugs, with a large proportion of those dying not as a consequence of alcohol dependence or 'addiction', but dying as a consequence of long term heavy use. We need to recognise this and provide alcohol-specific pathways and a wide range of support and treatment that meet people where they are at."

 [Read the full article](#)



Alcohol Deaths 2023: Time to act on Big Alcohol?

Following the publication of the alcohol specific deaths figures for Scotland in 2023, we've published a new video asking the question, isn't it time we took action to protect the public, especially children, young people and other vulnerable groups from pervasive and invasive marketing by Big Alcohol?

Each of the 1,277 deaths due to alcohol specific causes could have been prevented. Friends, colleagues and loved ones will now be grieving the loss of loved ones, losses they will feel for the rest of their lives.

What is less well known or recognised, is that a majority of the people who died of an alcohol specific cause will not have been 'dependent' on alcohol, but simply heavy drinkers who may have been unaware of the harm alcohol can cause.

We know that the alcohol industry depends on the heaviest drinkers for around two thirds of their revenues. That means that each year, their best customers die from diseases specifically caused by alcohol. Thousands more die of other alcohol related illnesses, accidents or suicides – none of which are included in these figures.

We also know from direct industry quotes that the industry knows this, and internally discusses the need to 'attract the heavy drinking loyalists of tomorrow'. That's our children and young people.

We think it's time that governments in the UK took action to protect the public from Big Alcohol. Do you?



UPDATE

Alcohol Focus Scotland raises issue of link between alcohol and suicide

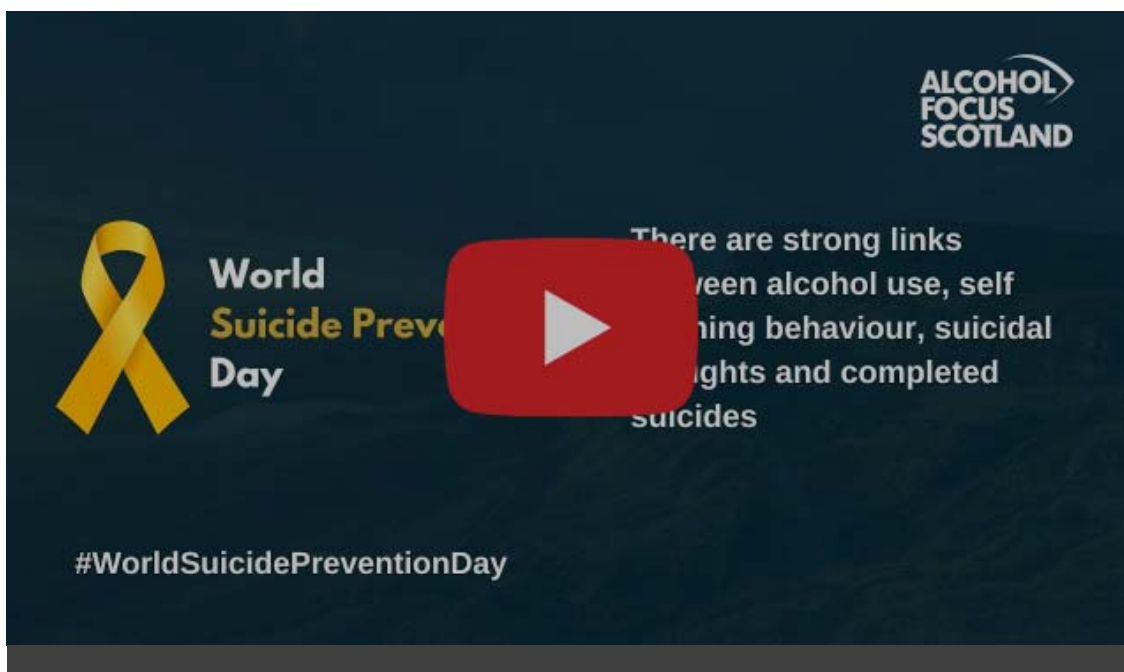
World Suicide Prevention Day took place on 10th September, co-incidentally the same day that the alcohol specific death stats for 2023 were published. However, deaths by suicide linked to alcohol were not included in those figures. This despite the fact that 1 in 5 male suicides in Scotland and just over 1 in 7 female suicides in Scotland are linked to alcohol.

To mark World Suicide Prevention Day, Alcohol Focus Scotland published a new video on the links between alcohol consumption and suicide. Taking stats from Scotland and based on a new **Umbrella Review** which looked at the commercial determinants of mental ill health, we echoed the calls for government action on commercial determinants of health – i.e. Big Alcohol - as part of any strategy to reduce suicide.

Scotland currently has the worst alcohol death rate in the UK, with alcohol specific deaths having just reached a 15 year. We also have the worst suicide death rate in the UK, with deaths by suicide also having increased in the latest published figures.

This comes against the backdrop of yet another delay to action on alcohol marketing and a lack of any emergency response on alcohol, as well as the recent announcement of almost **£19 million in cuts** to Scotland's mental health budget.

We were pleased that following press coverage around our video, Jamie Greene MSP raised the issue of the links between alcohol and suicide **with a question** in the Scottish Parliament.



Fetal Alcohol Spectrum Disorder Blog

September is Fetal Alcohol Spectrum Disorder Awareness Month.

Our colleagues at SHAAP have published a blog post by Prof. Moira Plant, Emeritus Professor of Alcohol Studies at the University of West of England in Bristol, UK, Adjunct Professor at Curtin University Perth Australia, FASD Consultant to the Fetal Alcohol Advice and Support team (FAAST) at Edinburgh University and Co-opted member of SHAAP.

In this blog, Prof. Plant discusses the various work surrounding Fetal Alcohol Spectrum Disorder (FASD) in Scotland, including support available, training provided and the importance of government funding.

Fetal Alcohol Spectrum disorder (FASD) has been increasingly acknowledged in Scotland. Over the past few years, the Scottish Government is recognising this as a serious health issue for the Scottish population and have moved forward in recognising this lifelong condition. They should be praised for their continuing funding of organisations such as **the FASD Hub**, part of Adoption UK which provides tiered support for parents, carers and professionals and **the Fetal Alcohol Advisory Support and Training (FAAST)** team based in Edinburgh University which has a National remit for training, consultation and research. Continued government funding of both these organisations has put Scotland at the forefront internationally in this area.

 [Read the blog in full](#)



Our Greatest Asset: Final Report of the IPPR Commission on Health and Prosperity

A comprehensive plan for a modern 21st century health creation system has been unveiled in a major report aimed at kick starting a once-in-a-generation

rethink of national health policy, to revitalise both wellbeing and the UK economy.

IPPR's cross-party Commission on Health and Prosperity – chaired by top surgeon Lord Ara Darzi and Professor Dame Sally Davies, former chief medical officer for England - has concluded its almost three-year inquiry into the interaction between health and the economy.

Its sweeping final report comes as austerity and Covid have left the UK the literal sick man of Europe – with long-term health conditions rising, healthy life expectancy stagnating, economic inactivity increasing, a growing mental health crisis, and regional health inequalities intensifying.

The final report from the Commission – which comes the week after Lord Ara Darzi's review into the state of the NHS commissioned by the government – conducted new analysis which shows improved health could solve many of Britain's most pressing economic challenges, including low growth and productivity.

The Commission sets out an “oven-ready” first parliament policy programme for the new UK government's health mission – covering a bold new childhood health programme, a comprehensive health industrial strategy to penalise polluters and support innovators, nationwide restoration of critical community infrastructure, higher standards for health at work and more integrated health and employment support services.

The report estimates that more than £10 billion per year could be raised by the end of the current UK Parliament by taxing health polluting industries including Big Alcohol, money which could be reinvested in schemes that promote or improve public health.

 **Read the report**



Recovery Month: Your Stories

September has been Recovery Month. To mark Recovery Month, we were delighted to add a **new page** to our website featuring stories of people whose lives have been impacted by alcohol harm.

Of course, not everyone affected by alcohol is affected by their own drinking. Some people are deeply affected by the alcohol use of someone close to them. So, this page will also feature stories of those affected by other people's alcohol use, especially family members.

To kick us off on Recovery Month, we've uploaded stories from David and Steph and a poem written by Eugene based on his friend's description of his alcohol dependence.

[!\[\]\(950a62bbddad88d64435fd35607dfc42_img.jpg\) Read David's Story](#)

[!\[\]\(5a132f13505a6571904d622757b7a8f0_img.jpg\) Read Steph's Story](#)

[!\[\]\(10f8862fc183b400327470ea85afe9ae_img.jpg\) Read Eugene's Poem](#)



Balance unveils Blueprint to Reduce Alcohol Harm

Our colleagues at Balance North East (England), have this week launched **"Reducing Alcohol Harm"**, a ground-breaking blueprint calling for urgent national action to tackle the significant impact of alcohol on health, social care, crime, disorder, workplaces, and the economy. It comes as new research finds 82% of North East adults consider alcohol to be a problem both regionally and nationally.

This new document from the **North East alcohol** programme underlines the critical need for stronger measures to curb alcohol-related harm across the region

and the UK, and reveals the latest statistics to demonstrate how the public see alcohol impacting on daily life.

The blueprint is supported by the Alcohol Health Alliance, the Institute of Alcohol Studies and prominent leaders from across the North East—including Directors of Public Health, Police and Crime Commissioners, the NHS Integrated Care Board for the North East and North Cumbria, and the Mayor of the North East Combined Authority – as well as by individuals who have directly experienced the harm alcohol can cause. It outlines key actions to alleviate the strain that alcohol places on the NHS and wider emergency services.

 [Read the full story](#)

 [Download the Blueprint](#)



AFS Signs Letter on Human Rights

AFS has joined over 100 organisations in signing a joint letter to the Scottish Government, expressing our deep disappointment over the decision to delay the introduction of the Scottish Human Rights Bill. The incorporation of international human rights treaties into Scots law is a crucial step towards ensuring that rights are made a reality for everyone in Scotland. Its absence from the legislative programme sends a troubling signal about the diminishing priority given to human rights at this critical time.

There is overwhelming support from civil society for the incorporation of these rights. Many of us have engaged in good faith for years, dedicating significant time and effort to the development of the Bill. For AFS, alcohol harm is fundamentally a human rights issue. We believe that our approach to addressing it must be grounded in a human rights-based framework, ensuring that human rights considerations are embedded across all aspects of alcohol policy and strategy.

From prevention to treatment, a rights-based approach is essential. This means upholding the government's duty to protect individuals from harmful alcohol

marketing practices and designing public health interventions that prioritise community well-being. It also means ensuring equitable access to safe, effective services that respect the dignity of every individual, regardless of their circumstances.

Previous strategies like “Rights, Respect, Recovery” outlined a vision for a human rights-based response to alcohol harm but have yet to result in meaningful improvements for those affected. The proposed Human Rights Bill presents a new opportunity to embed economic, social, and cultural rights into Scots law, potentially transforming how alcohol-related laws, policies, and services are shaped. Moreover, ongoing efforts by the National Collaborative to integrate human rights into drug and alcohol policy further reinforce this direction.

It is vital that we continue to advocate for a comprehensive, rights-based approach to addressing alcohol harm. This is why we have called on the Scottish Government to reconsider its decision and commit to progressing the Human Rights Bill without further delay.

 [Read the Letter to the First Minister](#)

 [Read the full story](#)

POLICY

Alcohol (IN)justice: new report from SHAAP

Calls to meaningfully support people with alcohol problems in Scotland’s justice system are being made to mark Recovery Month, to reduce the burden of alcohol on the people affected, on their families and on the justice system itself.

Our colleagues at Scottish Health Action on Alcohol Problems (SHAAP) are leading calls for the Scottish Government to act to better support people in the

criminal justice system with alcohol problems – from initial police contact, courts, community justice and through to prison – as people in the system are much more likely to have an alcohol use disorder than in the Scottish population as a whole. Proactively taking the opportunity to meet the needs of people with alcohol problems in the justice system would not only improve the health and lives of people affected and reduce the inequalities they experience but would potentially reduce reoffending, thus relieving pressure on courts and prisons.

Based on expert input from a working group of organisations operating in the justice sector, SHAAP has today written to the Cabinet Secretaries for Justice and for Health to make the case for:

- Developing “standards” for each step of the justice journey starting with initial police contact so that people with alcohol problems are identified and person-centred, trauma-informed support is then put in place;
- The Scottish Government and national and local partners being held to account for delivery of services and support against these standards.

 [Read the Report](#)



World Cancer Research Fund launches new policy on alcohol

The World Cancer Research Fund International has published a new **Policy Position on alcohol, recommending fiscal and pricing policies; restricting availability; mandatory health warning labels; marketing restrictions; and updated national guidance.**

Alcohol causes around 4% of cancer cases and **is linked to at least 7 different types of cancer**. Policies to reduce consumption and make people aware of the

risks are essential to reduce cancer risk. Policymakers play a crucial role in mitigating the health, social and economic harms caused by alcohol.

Alcohol Focus Scotland warmly welcomes the publication of this Policy Position, which echoes the calls we have been making to the Scottish Government to take action on reducing alcohol harm, including in our recent responses to the most recent alcohol specific deaths stats and Ministerial Statement on Alcohol and Other Drugs.

 [Read the full story](#)

 [Read the Policy Position](#)



Health Taxes: a compelling policy for the crises of today

The Task Force on Fiscal Policy for Health has released a new report, [“Health Taxes: A Compelling Policy for the Crises of Today”](#), showing that if all countries increased their excise taxes to raise prices of tobacco, alcohol and sugary beverages by 50%, it would generate US\$3.7 trillion in additional revenue over five years. Of this, US\$2.1 trillion would be raised in low- and middle-income countries (LMICs). If allocated to health, this would increase government health care spending by 12% globally and by 40% in LMICs.

The Task Force on Fiscal Policy for Health first convened in 2018 to address the growing health and economic burden of noncommunicable diseases such as heart disease, cancer, and diabetes through fiscal policies. The Task Force is co-chaired by Mike Bloomberg, economist Larry Summers, and Prime Minister of

Barbados Mia Amor Mottley and is comprised of finance, development, and health leaders from around the world.

After calling for higher health taxes in its 2019 report, the Task Force, which reconvened in 2024, finds progress enacting health taxes has stagnated in most countries at a time when health systems are under considerable financial stress and raising revenue is particularly urgent. The Task Force concluded raising health taxes is a simple, cost-effective policy to immediately ease fiscal pressures, which have been exacerbated by the global pandemic, increasing poverty, and rising inflation and interest rates. The new report reemphasizes that taxes are underutilized given the impact they have in reducing preventable death and disease.

 [Read the full story](#)

POLICY

Alcohol free? An analysis of UK and Scottish Government obesity policies' engagement with alcohol 1999–2023

An analysis of UK and Scottish Government obesity policies' engagement with alcohol consumption, and it's impact on outcomes around obesity, has found that there has been insufficient engagement with alcohol as an obesity policy issue and an over-reliance on voluntary and industry partnership approaches.

Obesity policy documents for England and Scotland from 1999 to 2023 were thematically analysed to identify their engagement with alcohol consumption. A stakeholder analysis was undertaken to identify key public health actors and commercial sector policy actors in the debate regarding the inclusion of alcohol in obesity policy.

While alcohol was recognised as a risk factor for obesity within obesity policy documents, no specific measures to address this issue were identified until a consultation on mandatory calorie labelling on alcoholic beverages was proposed in 2020. Engagement with alcohol in the policy documents was mainly limited to voluntary and self-regulatory measures favoured by industry actors who portrayed themselves as a key part of the policy solution. They used the policy focus on childhood obesity as a pretext to exclude alcoholic drinks from fiscal and labelling measures.

The study authors conclude that Alcoholic beverages and reduced alcohol products are excluded from beverage taxes and labelling requirements in ways which are hard to justify. As with other areas of public health policy, this represents an industry-favoured policy agenda, opposed by health NGOs.

The researchers recommend further investigation into the influence of commercial actors on the engagement with obesity policy with alcohol.

 [Read the study](#)

POLICY

Blog: Can alcohol control policies reduce family and domestic violence

Our colleagues at the Institute for Alcohol Studies have published a blog, written by Michala Kowalski, considering whether alcohol control policies can reduce family and domestic violence.

Family and domestic violence accounts for nearly **half of all assaults in Australia**. In New South Wales, the most populous state in Australia, reported rates of family and domestic violence have **steadily increased since 2019**. Successive Commonwealth and State governments across the country have

launched **plans** and **strategies**, funded **media** and **sports** campaigns, and supported the work of **foundations**, all with the goal of preventing this kind of violence in particular.

This approach is slightly different to the approach Australian governments have taken towards reducing non-domestic violence. Although there are many similarities, in New South Wales in particular, state authorities have used alcohol control policies with the intended aim of reducing rates of non-domestic violence.

 [Read the blog in full](#)

RESEARCH

Commercial determinants of mental ill health

A new study published in PLOS Global Public Health suggests that “unhealthy commodities”, including alcohol, tobacco, ultra-processed foods, social media, and air pollution are associated with depression, suicide and self-harm.

According to the World Health Organization, around 1 in every 8 people are living with a mental health disorder worldwide. Whilst these disorders, including anxiety, depression, and suicidal ideation, often have many underlying causes, the researchers in this study share that some of those causes could be related to commercial determinants of health (where commercial activities/commodities impact health). Some commercial determinants are inherently unhealthy, such as alcohol, tobacco, ultra-processed food, and climate change. To gain a better understanding of how these unhealthy commodities might impact mental health, the researchers conducted an umbrella synthesis of 65 review studies.

The review found strong evidence that smoking, alcohol, and air pollution are associated with mental ill health. The evidence bases for ultra-processed foods, gambling, social media, and climate change were less developed but already included high-quality reviews demonstrating associations between these industries and various negative mental health outcomes. Alcohol, tobacco, gambling, social

media, climate change and air pollution were associated with depression and suicide. Social media was associated with self-harm; climate change and air pollution were associated with suicide. The researchers noted a striking lack of research examining the wider actions of corporations on mental health outcomes. Given these findings, commercial determinants and unhealthy commodities should be considered when attempting to examine and improve mental health.

 [Read the study](#)

RESEARCH

Association between alcohol consumption and dementia in current drinkers

This study looked to explore the relationship between alcohol consumption and the risk of dementia in current drinkers. Previous studies reported a “J-shaped relationship” between alcohol consumption and dementia, suggesting that there was a lower risk of dementia in light-to-moderate alcohol drinkers (compared to those who didn’t drink at all, where there was a slightly higher risk, or to those who drank in higher volumes, where there was an increasingly greater risk). The researchers looked to explore this association due to this being subject to various potential sources of bias.

The study used data from the UK Biobank, investigating 313,958 White British current drinkers, who were free of dementia during 2006–2010 and who were followed up until 2021. Results indicated that there was no evidence of a “J-shaped relationship”, with the risk of dementia increasing as alcohol consumption increased. No level of alcohol consumption was therefore considered safe in terms of dementia risk.

The researchers suggest that the lower risk of dementia observed among the light-to-moderate alcohol drinkers in previous research might be due to several biases including “abstainer bias”, where rather than individuals abstaining from alcohol over their whole life, abstainers probably chose not to drink or quit drinking for health reasons, leading to biased results.

 [Read the study](#)

RESEARCH

Alcohol habits and alcohol-related health conditions of self-defined lifetime abstainers and never binge drinkers

Previous research has demonstrated that using “lifetime abstainers” (i.e., those who advise that they have never consumed alcohol) as a reference group when exploring the relationship between alcohol consumption and health-related consequences has various disadvantages. This study reaffirms previous studies which have found self-reported “lifetime abstainers” to be unreliable as a consistent reference group.

“Lifetime abstainers” have regularly been used as a reference group in these studies to allow participants who have ever used alcohol previously to be excluded. The inclusion of former alcohol consumers might impact findings as a result of the “sick-quitter effect” i.e., including those who have stopped drinking alcohol due to ill-health. While such individuals may self-report as “abstainers”, they may have already incurred harms from alcohol which led them to stop drinking. This can incorrectly make the harms of alcohol seem smaller or non-existent, or even make it look like drinking small quantities of alcohol protects against harms.

The researchers observed high levels of inconsistency for “lifetime abstention” (44.4%) and “never binge drinking” (39.7%) i.e., in an earlier survey response, individuals had indicated some form of drinking/binge drinking prior to self-reporting as “lifetime abstainers” or “never binge drinkers”. Furthermore, the results showed that a non-negligible proportion of “lifetime abstainers” (2.4%) had been diagnosed with an alcohol-related health condition. While the conditions are not further described, the researchers highlight that the data only captures the “most severe cases of alcohol-related morbidity”. The study suggests that self-reported data on “lifetime abstention” and “never binge drinking” should always be avoided or should be approached with caution due to its unreliability.

 [Read the study](#)

RESEARCH

No- and low-alcohol beer and the sponsorship of sport in Australia: An audit of sponsorship partnerships and analysis of marketing tactics

Alcohol sponsorship of sport is linked to increased alcohol consumption. This study looked at sporting partnerships between no- and low-alcohol (NoLo) beers and Australian sport, while examining marketing tactics used in social media advertising to promote these partnerships.

It was observed that consumers held more positive attitudes towards unhealthy brands when they were linked with sport. Of 34 brands, 13 had sporting sponsorship partnerships across a range of spectator and participatory sports. The researchers identified five key marketing tactics used in the social media posts of brands with sporting partnerships including:

1. **Activations** (experiential marketing run by brands in “real life” e.g., branded booths providing free samples) – **51 posts**,
 2. **Time- and event-specific drinking** (posts that link a particular time/event to drinking e.g., one brand provided a “sports beer” at the finish line, claiming this was beneficial for recovery after exercise) – **47 posts**,
 3. **Influencer marketing** (posts where a known sports person is used for promotion) – **41 posts**,
 4. **Competitions** (interactive posts promoting or providing details about a competition) – **15 posts**,
 5. **Corporate social responsibility** (posts that link the brand with charitable/ethical/sustainable practices or organisations e.g., one brand linked their products to an LGBTQ+ sports team; one brand ran an anti-
-

drink driving campaign with the hashtag “*when you drink don’t drive*”) – 11 posts.

Both influencer marketing and competitions were observed to be particularly influential for young people. The researchers also found that NoLo brands attempted to disrupt the sports drink market by advertising NoLo products as “healthy recovery drinks” or “sports beers” via activation events. Overall, brands were promoting their products as additions to, not substitutions for, alcohol.

 [Read the study](#)

RESEARCH

Estimating the effect of transitioning to a strength-based alcohol tax system on alcohol consumption and health outcomes: a modelling study of tax reform in England

This study led by University of Sheffield modelled the effect of the UK alcohol duty reforms on alcohol consumption, health, and economic outcomes.

The researchers estimate that over 20 years, compared to no policy change:

- The reform will reduce average weekly alcohol consumption by less than 0.05 units, preventing 2,307 deaths and 11,500 hospital admissions.
- Removing draught relief (a tax break on most alcohol sold on draught) would prevent 1,441 additional deaths and 14,000 hospital admissions.

The biggest change would be to increase cider and beer tax rates to match other drinks of equivalent strength, abolishing draught relief. The researchers hypothesise that continuing with draught relief would increase on-trade retailer revenues by £1 billion in line with its aim to support public houses but, in turn,

leaving consumption relatively unchanged. Equalising duty rates across all beverage types between 3.5% ABV and 8.4% ABV could reduce weekly consumption by 2.5 units, averting over 74,000 deaths over the 20 years, delivering substantial public health benefits. This would likely create a positive and relatively immediate effect on public health. The equalisation of duty rates would, however, reduce government alcohol tax receipts and on-trade retailer revenue that the alcohol duty reform was designed to benefit.

An alcohol excise tax structure based on alcohol strength is better configured to allow tax policy to be able to improve public health in a targeted way. The evidence shows that reform to a strength-based system of alcohol taxation can produce public health benefits and allow tax policy to target people who drink more alcohol who are at the most risk of alcohol-related health harms.

 [Read the study](#)

RESEARCH

Impact on beer sales of removing the pint serving size: trial in pubs, bars, and restaurants in England

A study has shown that reducing the serving size for beer, lager and cider reduces the volume of those drinks consumed in pubs, bars and restaurants. This could have a major public health impact due to the fact that alcohol consumption is the fifth largest contributor to early death and illness globally.

The researchers asked 13 licensed premises in England to remove the offer of their largest serving size of draught beer (a pint) for 4 weeks. They then compared the total volume of beer sold during this 4-week period to that sold outside of the intervention period (the 4 weeks before and 4 weeks after the intervention).

Removing the largest serving size reduced the daily average volume of beer sold by 9.7%, although there was a slight increase in the amount of wine purchased.

Findings from this study indicate that removing the largest serving size for beer, lager and cider could encourage people to drink less. This could be beneficial both to the health of individuals and of the population. Further investigation is needed but this intervention merits consideration for inclusion in alcohol control policies. Smaller serving sizes could help to reduce alcohol consumption across populations and, in turn, reduce the risk of seven cancers and other alcohol-related diseases.

 **Read the study**

RESEARCH

Representations of ‘risky’ drinking during pregnancy on Mumsnet: A discourse analysis

Since 2016, guidance from the UK Chief Medical Officers advises that those who are pregnant or could become pregnant should abstain from alcohol. This study explored discussions on Mumsnet about alcohol use during pregnancy, exploring what participants discussed when talking about alcohol and pregnancy, and how they discussed these topics.

The researchers found that users valued a range of different sources of evidence when discussing alcohol and pregnancy. Personal anecdotes were most commonly provided, requested and valued. Participants also mentioned drinking guidelines and scientific sources but to a lesser extent. The precautionary approach was addressed from two different angles: some felt this approach reflected a lack of certainty about risk and should therefore be followed, calling this a sensible recommendation; others felt that the guidance was a way of telling women what to do and described the guidance as scaremongering or unhelpful. Participants used language which either maximised or minimised the risk and these views were often bolstered by anecdotal evidence without any reference to the official guidance. Regardless of whether participants agreed with the official guidance, they leaned on conceptions of responsible behaviour when taking their stance either following the guidance or rationalising risk, describing their choices as what was best for themselves and their pregnancy. People framed their drinking

in accordance with perceived norms, so drinking alcohol when they did not know they were pregnant was justified, and drinking “tiny” quantities when pregnant was considered ok.

There was a lack of knowledge and understanding around drinking when trying to conceive and during early pregnancy.

 **Read the study**



Licensing Standards Officer Training

Wednesday, 27 November 2024

9am-5pm

Our next Licensing Standards Officer training course takes place in November.

What to expect

- **Specialised Curriculum:** a curriculum crafted to address the unique challenges faced by Licensing Standards Officers. Gain a thorough understanding of regulations, compliance, and best practices.
- **Interactive Learning:** an interactive training environment that ensures learning is informative, engaging, and memorable.
- **Real-world Applications:** practical insights and real-world applications that you can implement immediately, making you a more effective and impactful Licensing Standards Officer.
- **Exam, 50 questions, after training session on the 3rd day. Pass mark = 75%+**

Get in touch for more information or to book your place

- Email training@alcohol-focus-scotland.org.uk
- Call 0141 572 6700

 [Find out more about our Licensing Standards Officer Training](#)

EVENT

SPECTRUM: Alcohol Knowledge Exchange Workshop

14th – 16th January, 2025

SPECTRUM is currently planning an additional Alcohol Knowledge Exchange Workshop which will take place early next year, again building on past workshops.

This workshop is suitable for anyone who is relatively new to alcohol or wants to get up to speed with the latest evidence on alcohol harms, policy research, evidence, and practice from world-leading experts. Aimed at colleagues working in policy and practice including civil servants, public health professionals, researchers, charities and advocates in the UK and internationally. Further information including the workshop programme will be published on the website soon.

Further information can be found in [this document](#).


To register for the workshop **please fill out this Microsoft form**.

For further information contact Anna Orme: a.orme@ed.ac.uk

The Alcohol Knowledge Exchange workshop is being delivered in partnership with SPECTRUM, The NIHR Policy Research Unit, Addictions and University of Stirling.



 166 Buchanan Street, Glasgow G1 2LW

 0141 572 6700

 enquiries@alcohol-focus-scotland.org.uk

 www.alcohol-focus-scotland.org.uk

 [@alcoholfocus](https://twitter.com/alcoholfocus)

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Dragona, Anastasia

From: Alcohol Focus Scotland <enquiries@alcohol-focus-scotland.org.uk>
Sent: 31 October 2024 12:48
To: Dragona, Anastasia
Subject: Alcohol Focus Scotland latest - October 2024



October 2024

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Alcohol-Free Childhood Campaign wins First Minister Backing

The First Minister John Swinney has given his support to a joint campaign aimed at ensuring that children and young people in Scotland grow up free from the harmful effects of alcohol marketing.

The **Alcohol-Free Childhood campaign** from Alcohol Focus Scotland, BMA Scotland, Children in Scotland, Scottish Families Affected by Alcohol and Drugs, and Scottish Health Action on Alcohol Problems is backed by around 50 organisations and 80 MSPs across all parties.

In a new video the First Minister, John Swinney MSP, acknowledges that children in Scotland are exposed to alcohol so often that they have high levels of alcohol brand awareness.

Mr Swinney states that, “The Scottish Government remains committed to improving population health. By taking steps to improving the health of children, we

support their wellbeing into adulthood, contributing to a healthier future for all of Scotland. That is why I fully support the campaign to reduce children and young people's exposure to alcohol marketing."

Campaigners welcomed this statement from the First Minister, following **their disappointment** at the Scottish Government's recent decision to delay a promised second consultation on alcohol marketing, pending an evidence review by Public Health Scotland.

International evidence shows that alcohol marketing increases the likelihood that children and young people will start to drink alcohol or, if they already drink alcohol, drink more and at problematic levels.

In the Scottish Government's consultation on this issue, public health and third sector organisations were consistently in favour of restrictions on alcohol advertising and promotion. Those with a commercial interest in promoting and advertising alcohol were mostly against the introduction of restrictions.

Welcoming the First Minister's support of the campaign, Alison Douglas, CEO of Alcohol Focus Scotland said:

"It is encouraging to see that the First Minister recognises the evidence that exposure to alcohol marketing causes harm to children and young people and is personally committed to action to protect them.

"With alcohol deaths having reached a 15-year high, Scotland needs to be doing all it can to prevent future health problems. The Scottish Government's support for a childhood free from alcohol marketing must be turned into concrete action. Children and young people themselves are calling for change."

 **Read the full story**



UPDATE

AFS response to Audit Scotland report on alcohol and other drug services

Audit Scotland has published a new report on Alcohol and Drug Services in Scotland.

Echoing previous statements from Alcohol Focus Scotland, the report highlights how efforts to reduce alcohol harm have been over-shadowed by a greater focus on drug harms, despite alcohol deaths reaching a 15 year high of 1,277 last year, a figure higher than for all other drugs combined.

The report hails some progress made on increasing residential rehabilitation capacity and implementing treatment standards, but criticised slow progress on key national strategies, including a workforce development plan and implementation of alcohol marketing restrictions.

The report highlights the fact that funding for Alcohol and Drug Partnerships is falling in real terms due to inflation and that most funding is consumed by NHS services for people who are at crisis point, with little left for preventative efforts to prevent people from reaching crisis in the first place.

Commenting on the report, Laura Mahon, Deputy CEO of Alcohol Focus Scotland said:

“This report from Audit Scotland echoes many of the concerns Alcohol Focus Scotland has been highlighting in recent times, not least that although the Scottish Government has declared alcohol a public health emergency, there has been little in the way of an emergency response.

“While we recognise the devastating impact of drugs deaths in Scotland and support the need to devote focus and investment to tackle that problem, it can’t be at the expense of efforts to prevent and reduce alcohol harm. Alcohol specific deaths have reached a 15 year high, and simply tacking alcohol onto the National Mission for Drugs is totally insufficient for the scale of the problem.”

 [Read our full response](#)

UPDATE

NCD Alliance: Health experts set out vision as stark death toll from alcohol, tobacco and unhealthy food revealed

Leading health organisations have joined forces to set out a strategy to tackle the key risk factors causing death and ill-health in Scotland.

Non-Communicable Disease (NCD) Alliance Scotland, a coalition of 24 health organisations, working alongside leading global experts, has outlined a

vision to fundamentally change Scotland's poor health.

Alcohol, tobacco and unhealthy food and drink consumption are some of the leading factors causing non-communicable diseases (NCDs), which are diseases that cannot be directly transmitted between people.

These diseases, including heart disease, cancer, diabetes, Alzheimer's, and lung disease, significantly impact the health and well-being of the population, causing chronic ill-health, disability, and premature death.

They are estimated to be responsible for 4 in 5 deaths in Scotland and in 2023, these conditions caused more than 52,000 deaths. But much of this is preventable with, alcohol, tobacco and unhealthy food and drink estimated by the British Heart Foundation to be linked to as many as 1 in 5 of these deaths,

In a report '[Creating a Healthier Scotland](#)', published today, **NCD Alliance Scotland** is calling for action to reduce the impact of these health harming products.

It warns Scotland is in the grip of an alcohol emergency; a new generation is threatened by addictive nicotine products; and an unhealthy food and drink culture is further fuelled by exploitative marketing tactics.

Commenting on the release of the NCD Alliance Strategy, Alison Douglas, CEO of Alcohol Focus Scotland said:

"This strategy is published at a pivotal moment when Scotland is in the grip of an alcohol emergency, with alcohol specific deaths having just reached a 15-year high of 1,277. These deaths were all entirely preventable.

"With changes to drinking patterns during the Covid-19 pandemic having become embedded, Scotland faces a ticking time bomb of alcohol related illness in the coming years unless we take bold action now.

"Commercial actors including the alcohol industry play a major role in shaping the environments and cultural and social norms which give rise to Scotland's worsening health outcomes. Bold action to tackle the commercial determinants of health such as restricting alcohol marketing, introducing an automatic uprating

mechanism for minimum unit pricing and introducing an alcohol harm prevention levy on retailers selling alcohol products would help Scotland re-establish its global leadership position on reducing alcohol harm.”

 [Read the full story](#)



AFS welcomes PHS Alcohol Brief Intervention Review

Public Health Scotland has published its **review of alcohol brief interventions** in Scotland, providing recommendations for policy.

The report calls for a refreshed approach to embedding conversations about alcohol across health and social care settings including a comprehensive plan for achieving this over 10 years.

The report sets out actions that should be taken in the short-term including learning from local experience and good practice and developing new national strategic oversight structures and local support.

Alcohol Focus Scotland warmly welcomes the report and recommendations which further serve to highlight the urgent need for Scotland to take action to address alcohol harm.

Commenting on the review, Laura Mahon, Deputy CEO of Alcohol Focus Scotland said:

“This important review highlights the need to ensure that conversations about alcohol are embedded as part of a comprehensive, population-wide prevention strategy to promote health and reduce inequalities, and we welcome the identification of actions that should be taken in the short-term – reflecting again the urgency of the alcohol emergency we currently face.

“We strongly support the recommendation to make conversations about alcohol a requirement for preventative health elements of national contracts (e.g. dentistry,

primary care and pharmacy), and it is encouraging to see a focus on ensuring there is sufficient information, resources, and support in place for health and social care workers to have effective conversations about alcohol.

“There remains a lack of awareness among the general public of basic alcohol health information, with 77% of people still unaware of the Chief Medical Officer’s low risk guidance and one in two people unaware that alcohol causes cancer.

“In particular, we welcome the recommendation that the Scottish Government consider how the framing and implementation of structural interventions to reduce alcohol harm can also contribute to reducing stigma associated with problematic alcohol use.

“Public discourse on alcohol harm and alcohol deaths tends to focus around alcohol dependence or ‘addiction’ – reflecting a lack of understanding of the wide spectrum of problematic alcohol use. This lack of understanding can contribute to stigma and even act as a barrier to people recognising their own potentially harmful or hazardous alcohol use and accessing support.

“Given the widespread nature of alcohol harm across all of society, we strongly support the call for the Scottish Government to work across policy directorates to reflect the contribution that reducing hazardous and harmful alcohol consumption would have on wider population health outcomes.”



Northern Ireland set to introduce MUP

Alcohol Focus Scotland has welcomed the announcement that Northern Ireland Executive will introduce legislation on Minimum Unit Pricing. Health Minister Mike Nisbett has asked officials on Stormont’s Health Committee to progress work on developing regulations around MUP.

Alison Douglas, CEO of AFS, recently visited the Stormont Assembly to share on Scotland’s positive experience with Minimum Unit Pricing.

Commenting on the news, she said:

“We welcome news from Stormont that Health Minister, Mike Nesbitt, is seeking Executive support to progress legislation to introduce minimum unit pricing (MUP) for alcohol in Northern Ireland, following the success of the policy in Scotland. This could leave England as the only part of the UK without MUP, despite suffering record alcohol deaths.

“Independent evaluation of the policy in Scotland has estimated that 156 lives have been saved and 411 hospital admissions averted each year since MUP came into effect. Additionally - as Mr Nesbitt has highlighted – minimum pricing is effective in reducing health inequalities.

“The Minister has noted the importance of setting the price at the right level. It’s also important that any price that is set keeps pace with inflation, otherwise its impact will be eroded over time.”

 [Read our full comment](#)



UPDATE

AFS responds to announcement of SPFL Official Beer Partnership with Carling

The deal once again highlights Scottish men’s football’s dependence on alcohol and gambling companies for sponsorship income – which continues despite **evidence** that any gaps in sponsorship income would likely be plugged by other sponsors.

Supporters Direct’s Chief Executive, Alan Russell, previously **wrote a blog** for our colleagues at Scottish Health Action on Alcohol Problems on their participation in a

focus group on advertising in Scottish football, calling for fans to be more involved in decision making and for Scottish football to rethink its commercial relationships.

Commenting on the announcement, Alison Douglas, CEO of Alcohol Focus Scotland said:

“This decision by the Scottish Professional Football League is particularly disappointing at a time when Scotland is in the grip of an alcohol emergency and has just seen alcohol deaths reach a fifteen-year high.

“Like all sports, football is a sport that can improve health and wellbeing and can break down barriers and help bring people together. In order to reach and stay at the highest levels of the game, alcohol consumption would be actively discouraged if not forbidden by clubs, managers, coaches or club dieticians due to its health and performance damaging effects. So, it is utterly counter intuitive to see the SPFL choose to market a product so at odds with their sport.

“This marketing will be on full display to children across Scotland who idolise their teams and their favourite players. Big alcohol brands capitalise on this, signing deals with sports teams and leagues as a means to ‘recruit the heavy using loyalists of tomorrow’. The evidence is overwhelming, alcohol marketing increases alcohol consumption and early onset alcohol use by children and young people.

“Children and young people have told us that they don’t want to be regularly exposed to alcohol marketing. People in recovery have told us they find alcohol marketing triggering and that it endangers their recovery. Football fans have said they think it’s time to end alcohol marketing within Scottish football.

“The Scottish Professional Football League should follow the lead of the Scottish Women’s Football League and recognise that alcohol is detrimental to the health and performance of anyone wishing to participate in football – and to the health and wellbeing of fans – and reject sponsorship deals with alcohol brands.”



Wezz's Story

I'm Wezz, a transgender woman and also a recovering addict. From the age of 10 my obsession with alcohol started as I lived in a pub, but this wasn't the reason why I started drinking alcohol.

Click on the image to read Wezz's full story.

Wezz's Story

We're pleased to have added another lived experience story to our website. Wezz is a transgender woman in recovery from problematic alcohol use.

She discusses the early beginnings of her alcohol use aged just 13, and how alcohol helped her to cope with childhood traumas and difficult feelings and emotions around being transgender, especially in her teenage years.

Wezz also reflects on how normalised alcohol is as part of growing up or transitioning to adulthood and how alcohol being so easily accessible contributed to her own problematic alcohol use, as well as what she found helpful in her recovery.

 [Read Wezz's story in full](#)

 [Read more lived experience stories on our website](#)



WHO Europe launches #RedefineAlcohol Campaign

The World Health Organisation’s European Regional Office has launched a new campaign encouraging people to rethink their relationship with alcohol, learn more about alcohol and consider the benefits of drinking less or not drinking at all.

The “Redefine Alcohol’ campaign is informed by the latest research and evidence from the field, expert consultations, and the involvement of people with lived experience, youth perspectives and communities, this initiative encourages people across Europe to reflect on what narratives and myths exist around alcohol and to rethink them.

Alcohol consumption is frequently regarded as deeply ingrained in culture and seen as an essential component of celebrations, socializing, and even daily life. However, many do not realize that the effects of alcohol go far beyond the immediate aftermath of a night out, with devastating health, social and economic consequences for many people. This campaign aims to raise awareness of the hidden risks associated with alcohol, inspire a shift towards embracing the benefits of reduced consumption, and encourage deeper reflection on why alcohol is so embedded in our society.

In today’s Europe, alcohol is often too cheap, readily available, and heavily promoted. It is time to recognize its profound impact on our health and communities, and discover how consuming less alcohol can lead to greater mindfulness, more memories, and a fuller life.

 [Find out more about the campaign and download campaign resources](#)



Take Action to Support AFS campaigns

We've been busy developing our website further and are pleased to have added some new pages to make it easier for you to join in our work and support our campaigning efforts to reduce alcohol harm in Scotland.

Our new 'Take Action' section provides users with a variety of ways to take action to support our campaigns and efforts to reduce alcohol harm, including:

- Guidance on contacting elected representatives
- Do you have direct personal experience of alcohol harm? Share your story to help campaign for change!
- Become an advocate for AFS
- Share or create social media content
- Learn more about alcohol harm

[Take Action Now!](#)



Scotsman highlights extent of alcohol industry lobbying of MSPs

A recent report in the Scotsman newspaper has laid bare the extent of lobbying efforts of MSPs by health harming industries. Whisky industry representatives have ramped up their lobbying efforts – reaching almost three quarters of MSPs in the Scottish Parliament since the last election.

The report also highlighted a ‘flurry of gifts and freebies’ given to MSPs from the alcohol industry, including to cabinet ministers and party leaders, which included tickets to sporting events, island visits and bottles of whisky. Whilst all gifts and lobbying meetings were within the rules and published transparently, concerns persist about the level of access and influence the alcohol industry could have with politicians.

Commenting on the story, Alison Douglas, CEO of Alcohol Focus Scotland, said:
“These companies use the same playbook as the tobacco and fossil fuel

industries, seeking to deter and delay and block legislation that would be effective in reducing consumption and harm through political lobbying.

More recently we have seen big alcohol step up their activities, creating ‘policy chill’ when it comes to alcohol marketing regulation in Scotland, despite the clear evidence that exposure to this marketing causes children and young people to start drinking and increases the likelihood they will develop an alcohol problem.

“They will count the recent delay to the promised consultation on alcohol marketing restrictions as another small victory.”

Elinor Jayne, Director of SHAAP, said:

“Perhaps the Scottish Government should consider being more transparent when meeting with the industry and use the new World Health Organization toolkit for managing interactions with health harming industries such as alcohol, and I would urge all MSPs to consider not accepting corporate hospitality from the alcohol industry while Scotland is in the grip of an alcohol public health crisis.”

 [Read the article in full](#)



Alcohol Harm Prevention Levy video

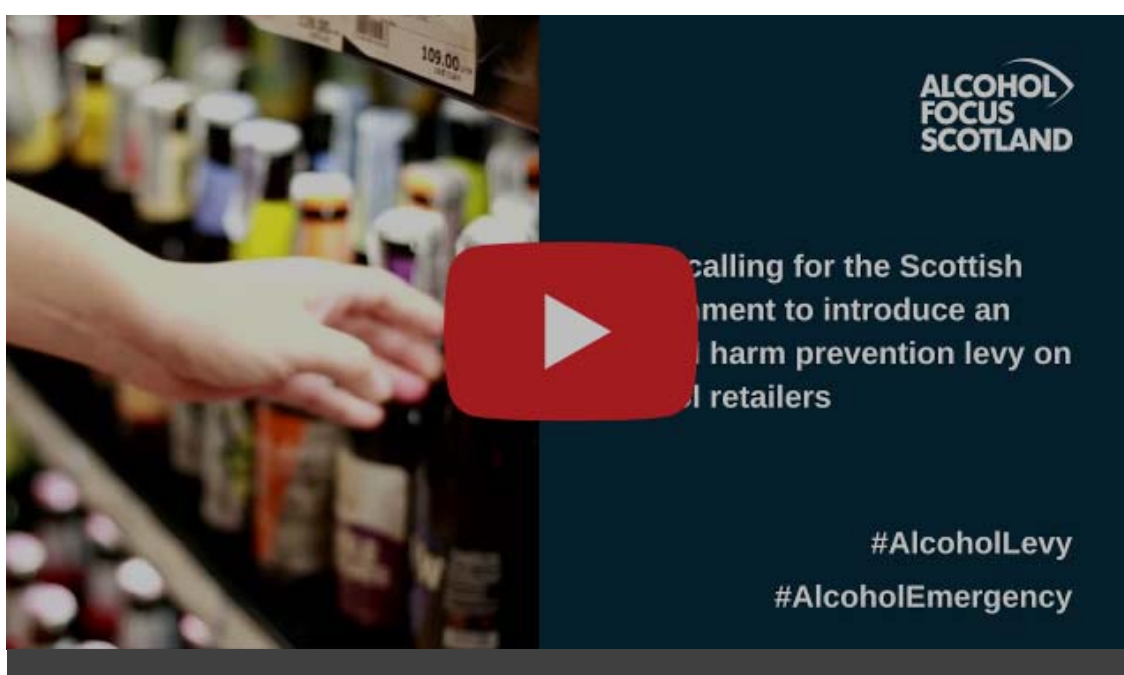
Ahead of the upcoming Scottish Budget, Alcohol Focus Scotland is campaigning for the introduction of an alcohol harm prevention levy on retailers of alcohol products.

We believe it’s time to make retailers pay for the harm caused by the products they sell, and that it isn’t fair that they benefit from higher profits following the introduction and uprating of minimum unit pricing for alcohol. However, this isn’t just about MUP.

Fundamentally, the 'polluter pays' principle should be applied to the sale of alcohol, meaning retailers should pay a levy towards mitigating the health and social costs caused by the products they sell. This could raise £57m per year for local prevention, treatment, and care services.

Help us in our campaigning efforts to introduce an alcohol harm prevention levy by finding out how you can **'Take Action'**

[Download our Alcohol Harm Prevention Levy Advocacy Guide](#)



New IAS Briefing: The costs of alcohol to society

The Institute of Alcohol Studies has published a briefing exploring the costs of alcohol to society, which highlights the costs of alcohol harm to Scotland is estimated to be between £5-10 billion.

The briefing highlights that the costs of alcohol to society are difficult to estimate accurately, and there is much debate of which costs to include in calculations. Estimates of the cost of alcohol within this report include the average cost to the drinker along with external costs to the rest of society, considering areas such as the impact on the health and social care service, criminal justice, and lost labour/productivity. A further important distinction is between tangible and intangible costs. Across the UK, the cost of alcohol harm each year is estimated to be:

- **Scotland** = £5-10 billion.
- **England** = £27.44 billion.
- **Wales** = £800 million.
- **Northern Ireland** = £900 million.

The Social Market Foundation estimated alcohol costs for 2021-22 in Scotland, using both the 2010 estimate of the costs of alcohol in Scotland by the University of York (commissioned by the Scottish Government), as well as the 2012 estimate by the University of Aberdeen. It should be noted however that, while these figures do take inflation into account, they do not account for changes in drinking patterns or levels of harm which are expected to have increased due to long-term changes in behaviour following on from the COVID-19 pandemic.

The total harm estimated from both the University of York and University of Aberdeen figures are significantly different, with the 'York' method estimating a total of £4.9 billion, and the 'Aberdeen' method estimating £9.6 billion.

 [Read the briefing.](#)



New IAS Blog: Following the science on public health partnerships: the alcohol industry is no ordinary stakeholder

Our colleagues at IAS have published a new blog exploring the inherent problems with involving the alcohol industry in formulating policy around reducing alcohol harm, offering further evidence of the need for strong governance principles that are consistent with international recommendations by avoiding partnership with the alcohol industry and being proactively transparent about any interactions. Written by Dr Nason Maani, University of Edinburgh, and Professor Mark Petticrew and Dr May van Schalkwyk, London School of Hygiene and Tropical Medicine.

*When faced with the need to respond to pressing public health challenges, it is often said solutions must involve a “whole of society approach”, in which as many stakeholders as possible are involved, reflecting the urgency and scale of the problem. While conceptually appealing, this approach can be influenced and co-opted in damaging and self-defeating ways. If you are in desperate need of protecting your hen house, should a whole of society approach mean you need to involve foxes? If society is faced with the urgent challenge of reducing emissions, is the best way forward to include **a large delegation of fossil fuel lobbyists**, since they too are part of the “whole of society”? Put simply, does a whole of society approach mean that even those actors that represent major drivers of a problem, and obstacles to its resolution, be unquestioningly involved in trying to solve it?*

 [Read the Blog in full](#)

RESEARCH

Dark patterns, dark nudges, sludge and misinformation: alcohol industry apps and digital tools

This study looked at the accuracy of information, the way this information is presented and the functions of alcohol-industry-funded digital tools in five countries. The researchers highlighted misinformation and ‘dark patterns’

(strategies used to influence users against their best interests) throughout these tools, ‘nudging’ users towards consuming more alcohol.

When the researchers compared the alcohol-industry-funded tools with non-industry-funded tools, they found that significantly fewer alcohol-industry-funded tools provided accurate feedback (33% compared to 100%). Many more alcohol-industry-funded tools omitted information on diseases including cancer (67% versus 10%) and cardiovascular disease (80% versus 30%). Industry-friendly narratives were also promoted in 47% of the alcohol-industry-funded tools, while this wasn’t observed in any of the non-industry funded tools. This highlights the use of ‘dark patterns’ where the alcohol industry uses these tools to spread misinformation and to influence users.

The findings are consistent with previous research, which has shown that alcohol industry-funded health education materials include significant misinformation, particularly on cancer risk. The researchers call for the public and practitioners to be warned about the tactics employed by some alcohol-industry-funded tools, similarly to current regulations which advise against tobacco-industry-funded apps, and for only independent health sources such as the NHS to be promoted.

 [Read the study.](#)

The impact of Scotland's minimum unit pricing for alcohol policy on people accessing services for alcohol dependence

The introduction of minimum unit pricing (MUP) in Scotland was associated with increases in the prices paid for alcohol by those with dependence and who were presenting to treatment services. There was no significant effect on their alcohol consumption and health. There was also no evidence of harmful, unintended consequences for this group.

The researchers surveyed both Scottish and English participants who were receiving treatment for alcohol dependency both before and after MUP was introduced. They found that the introduction of MUP was associated with increases

in the prices paid for alcohol by people with dependence and who were presenting to treatment services. Those who were receiving treatment for alcohol problems were seen to purchase large amounts of cheap alcohol. There were no other significant effects of the policy observed for this group in terms of alcohol consumption, severity of dependence, health status, other substance use or deprivation level.

The researchers highlight that the small number of people in the study makes it difficult to draw many other conclusions about the impact of MUP and noted that other studies show that MUP led to reductions in consumption among heavier drinkers and an immediate, large reduction in deaths from conditions caused by alcohol. Public Health Scotland's independent evaluation of MUP, commended by public health experts, found that evidence pointed to the policy having a positive impact on health outcomes.

This evaluation observed that MUP was estimated to have reduced alcohol-specific deaths by 13.4% and was likely to have reduced hospital admissions wholly attributable to alcohol by 4.1%. It also found that MUP was estimated to have reduced alcohol consumption by 3% when compared to England. The lack of evidence of unintended or detrimental indicators found by the researchers within this study, along with evidence of reductions in alcohol consumption and harms from other sources, is useful information for other jurisdictions considering similar policies.

 [Read the study.](#)

RESEARCH

Potential impact of alcohol calorie labelling on the attitudes and drinking behaviour of hazardous and low-risk drinkers in England

A study by University College London which surveyed 4,683 adults in England who regularly consume alcohol suggests that calorie labels might help those drinking at a hazardous level to change their drinking patterns.

Compared with low-risk drinkers, hazardous drinkers indicated that calorie labels on alcohol products would see them change their drinking habits leading to them consuming fewer drinks, drinking less often and choosing lower alcohol beverages. Over half of these participants (54%) said they would make changes, with more than a quarter (27%) highlighting that they would choose lower calorie drinks, 18% stating they would consume alcohol less often and 17% stating they would consume fewer drinks. The survey also looked at the views of both low-risk drinkers and hazardous drinkers compared to non-drinkers in relation to attitudes towards alcohol calorie labelling. They found that attitudes to calorie labelling were generally positive but were less favourable among alcohol drinkers than non-drinkers. It could therefore be helpful to promote more positive attitudes towards calorie labelling to lead to stronger intentions to reduce alcohol consumption.

These findings suggest that calorie labelling could help some drinkers to maintain a healthier weight. Labelling could therefore help to target higher-risk drinkers who are getting a greater proportion of calories from alcohol and are therefore more likely to gain excess weight as a result. At the moment, while all food and non-alcoholic drinks are legally required to display nutritional information in the UK, alcohol products remain exempt from this and are only required to show the strength of alcohol, the volume of the drink (ABV) and any allergens. The public have the right to know what is in the products there are consuming. Introducing mandatory calorie labelling of alcohol products could contribute to reducing calorie intake and to maintenance of a healthier weight, particularly in heavier drinkers. This could play a positive role as part of a more comprehensive approach to reduce harms from alcohol and obesity.

 [Read the study.](#)

RESEARCH

IAS funds SARG researcher to study barriers to No/Lo drink consumption among disadvantaged groups

The Institute of Alcohol Studies (IAS) have awarded a grant to Dr Merve Mollaahmetoglu from the Sheffield Addictions Research Group (SARG) to investigate barriers to the use of alcohol-free and low-alcohol drinks among individuals from lower socioeconomic backgrounds.

The IAS Small Grants Scheme supports early career researchers and prioritises projects that can inform public policy debates on alcohol harm. This particular round focused on addressing alcohol-related inequalities. Dr Mollaahmetoglu's project aims to explore why alcohol-free and low-alcohol drinks may be less accessible or less appealing to those from disadvantaged communities. The researchers will use qualitative interviews with those from lower socioeconomic groups, including those from ethnic minority backgrounds. They will explore their perceptions of these products, the barriers experienced when attempting to use these products as a means to reducing alcohol consumption and will also consider potential solutions to the identified barriers. The research will also explore the availability of alcohol-free and low-alcohol drinks across shops and other outlets in both deprived and affluent areas of Sheffield.

This project aims to inform strategies which could promote the use of alcohol-free and low-alcohol drinks as substitutes for alcoholic drinks thereby reducing alcohol-related harm in areas of lower socioeconomic status, by understanding the factors that hinder the adoption of such drinks among individuals from these communities. Moreover, the researchers hope to ascertain whether additional policies need to be prioritised to reduce alcohol-related harm in these groups.

This study runs in parallel to the NIHR-funded project '[Evaluating and responding to the public health impact of no and low alcohol drinks: A multi-method study of a complex intervention in a complex system](#)'. Over the course of four years the project is examining whether making non-alcoholic or low-alcohol drinks more available and popular in the UK can improve people's health.

 [Read the full story here.](#)

Licensing Standards Officer Training

Wednesday, 27 November 2024

9am-5pm

Our next Licensing Standards Officer training course takes place in November

What to expect

- **Specialised Curriculum:** a curriculum crafted to address the unique challenges faced by Licensing Standards Officers. Gain a thorough understanding of regulations, compliance, and best practices.
- **Interactive Learning:** an interactive training environment that ensures learning is informative, engaging, and memorable.
- **Real-world Applications:** practical insights and real-world applications that you can implement immediately, making you a more effective and impactful Licensing Standards Officer.
- **An exam consisting of 50 questions, after training session on the 3rd day.**
Pass mark = 75%+

Get in touch for more information or to book your place

- Email training@alcohol-focus-scotland.org.uk
- Call 0141 572 6700



Dangerous liaisons: how conflicts of interest undermine public health and policy

The economic power of multi-national corporations and industries influences decision-making by governments and individuals in ways that have

potentially huge impacts on health.

WHO estimates that 20–25% of all deaths in the European region are attributable to just four industries: tobacco, alcohol, processed food and fossil fuels. It is not only the products these industries manufacture, promote and sell, but also the business models, including marketing and engagement with health professionals, that can negatively impact peoples' health.

The event will focus on the persistent issue of conflicts of interest among health professionals, their representative associations and health systems created by industry, from early career engagement and reciprocity to overt political lobbying affecting nutrition and health.

Health professionals, researchers and representatives of institutions and organisations with responsibility for public health will share experiences and insights, and explore mechanisms to safeguard health professionals, the general public and public policy/practices from commercially driven conflicts of interest.

 **Book your place**

EVENT

SPECTRUM: Alcohol Knowledge Exchange Workshop

14th – 16th January, 2025

SPECTRUM is currently planning an additional Alcohol Knowledge Exchange Workshop which will take place early next year, again building on past workshops.

This workshop is suitable for anyone who is relatively new to alcohol or wants to get up to speed with the latest evidence on alcohol harms, policy research,

evidence, and practice from world-leading experts. Aimed at colleagues working in policy and practice including civil servants, public health professionals, researchers, charities and advocates in the UK and internationally. Further information including the workshop programme will be published on the website soon.

- ✈ Further information can be found in [this document](#).
- ✈ To register for the workshop [please fill out this Microsoft form](#).
- ✈ For further information contact Anna Orme: a.orme@ed.ac.uk

The Alcohol Knowledge Exchange workshop is being delivered in partnership with SPECTRUM, The NIHR Policy Research Unit, Addictions and University of Stirling.



- ✉ 166 Buchanan Street, Glasgow G1 2LW
- ☎ 0141 572 6700
- ✉ enquiries@alcohol-focus-scotland.org.uk
- ✈ www.alcohol-focus-scotland.org.uk
- 🐦 [@alcoholfocus](https://twitter.com/alcoholfocus)

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WEST LOTHIAN ALCOHOL LICENSING FORUM**TIMETABLE OF MEETINGS 2025**

| DATE OF MEETING |
|------------------------|
| Wednesday 5 March |
| Wednesday 4 June |
| Wednesday 3 September |
| Wednesday 3 December |

All meetings will be held via MS Teams at 4.00 p.m. unless otherwise stated on the agenda. All meetings are open to the public to attend.

The Clerk is Anastasia Dragona, 01506 281601 email: anastasia.dragona@westlothian.gov.uk c/o West Lothian Civic Centre, Howden South Road, Livingston, EH54 6FF.

Agendas and minutes can be found here: <https://www.westlothian.gov.uk/wl-licensing-forum>



WEST Lothian LOCAL LICENSING FORUM

WORKPLAN – December 2024

| <u>SUBJECT</u> | <u>PERSON RESPONSIBLE</u> | <u>TIMESCALE</u> | <u>PROGRESS TO DATE</u> |
|---------------------------|----------------------------------|-------------------------|--------------------------------|
| Chair's Update | Chair | December 2024 | Standing item |
| Police Scotland Update | Police Scotland | December 2024 | Standing item |
| Other Updates | Members as required | December 2024 | Standing Item |
| Licensing Policy Q&A | LSO | December 2024 | Standing item |
| Formulation of a Workplan | All | December 2024 | Ongoing |
| Meeting dates 2024 | All | December 2024 | Annually in December |
| Membership & Recruitment | All | December 2024 | Standing Item |